Town of Willard, Rusk County, Wisconsin

Fireworks Permit Application

Name		Age			
Address					
CityS	State	_ Zip			
Phone Number					
Date of fireworks purchase/	/20	to _	/	/20	_
Of the following type			_and qua	intity	
To be used on/20)				
At				_[insert l	ocation]
Fee					
	Dated th	nis	_day of_		_/20
			[Signa	ture of	applicant ¹